

STATE OF MICHIGAN GENESEE COUNTY PROBATE	ORDER FOR MEDIATION <input checked="" type="checkbox"/> CIVIL	CASE NO.
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Court Address

900 S. Saginaw Street, Flint, MI 48502

Plaintiff name(s), address(es), and telephone no(s)	Defendant Name(s), Address(es), and telephone
Plaintiff attorney, Bar No., Address, Telephone	Defendant attorney, Bar No. Address, Telephone
<input checked="" type="checkbox"/> Probate In the Matter of	

IT IS ORDERED:

- This case is order to mediation under MCR 2.411(A)(2).
 - ☐ By agreement of the parties.
 - ☐ On Motion of
 - ☐ On the Court's own motion.
- The mediator will be:
 - ☐ Community Dispute Resolution Center of Genesee County
 - ☐ Selected by agreement of the parties. The parties shall advise the ADR Clerk of the mediator selected by the agreement of the parties by . If the parties do not advise the ADR clerk of the mediator by the agreed upon by that date, the ADR clerk shall assign one as provided by the court's alternative resolution plan.
- Mediation must be completed within ☒ 30 ☐ 60 ☐ 90 days of the date of this order. The mediator shall promptly confer with the parties to schedule mediation within the deadline.
- The costs of mediation shall be divided by the parties on a pro-rata basis unless otherwise agreed to by the parties or ordered by the court or, for persons unable to pay for mediation, as provided by the court's alternative dispute resolution plan.
- Unless otherwise ordered by the court: ☒ Persons with authority to settle the case, including the parties to the action, their agents, representatives of lien holders, and representatives of insurance carriers shall be ☒ present at the mediation. ☐ available by telephone at the time of the conference. The parties must provide to the mediator, as soon as possible, the names of the above mentioned Individuals. ☐ the Attorneys who intend to try the case shall attend the mediation.

Date

Judge Allen J. Nelson

P-18224

NOTICE: A party may move to set aside or modify this order within 14 days after entry of the order.

CERTIFICATE OF MAILING

I certify that on this date a copy of this order was mailed to the parties/attorneys by ordinary mail at the addresses listed above.

Date

Signature

